

gives them much of an advantage over conventional volume replacement with crystalloids or colloids unless extreme anaemia prevails. Concerns about safety (either immediate allergic responses or long term effects) limit the maximum clinical doses acceptable even in trials, and this remains the most important problem to be resolved—as it has for the past 50 years.

S J URBANIAK

Regional Director,
Aberdeen and North East of Scotland Blood Transfusion Centre,
Royal Infirmary, Aberdeen AB9 2ZW

- 1 Chang TMS, Geyer RP, eds. *Blood substitutes*. New York: Marcel Dekker, 1989.
- 2 Chang TMS. The use of modified hemoglobin as an oxygen carrying blood substitute. *Transfusion Medicine Reviews* 1989;3:213-8.
- 3 Zuck TF. The quest for a blood substitute. In: Nance SJ, ed. *Transfusion medicine in the 1990's*. Arlington: A A B B, 1990:181-99.
- 4 Faithfull NS. Fluorocarbons: current status and future applications. *Anaesthesia* 1987;42:234-42.
- 5 Lowe KC. Synthetic oxygen transport fluids based on perfluorochemicals: applications in medicine and biology. *Vox Sang* 1991;60:129-40.
- 6 Clark LC, Gollan F. Survival of mammals breathing organic liquids equilibrated with oxygen at atmospheric pressure. *Science* 1966;152:1755-7.
- 7 Mitsuno T, Ohyanagi H, Naito R. Clinical studies of a perfluorochemical whole blood substitute (Fluosol F-DA): summary of 186 cases. *Ann Surg* 1982;195:60-9.

- 8 Gould SA, Rosen AL, Sehgal LR, Langdale LA, Krause LM, Ruce CL, et al. Fluosol DA as a red cell substitute in acute anaemia. *N Engl J Med* 1986;314:1653-6.
- 9 Spence RK, McCoy S, Constable J, Norcross ED, Pello MJ, Alexander JB, et al. Fluosol DA-20 in the treatment of severe anaemia: randomised controlled study of 46 patients. *Crit Care Med* 1990;18:1227-30.
- 10 Amberson WR, Jennings JJ, Rhodes CM. Clinical experience with hemoglobin-saline solution. *J Appl Physiol* 1949;1:409-89.
- 11 Rabiner SF, Helbert JR, Lopes H, Friedman LH. Evaluation of stroma-free hemoglobin for use as a plasma expander. *J Exp Med* 1967;126:1127-42.
- 12 Savitsky JP, Doczi J, Blacke J, Arnold JD. A clinical safety trial of stroma-free hemoglobin. *Clin Pharmacol Ther* 1978;23:73-80.
- 13 Litwin MS, Walter CW, Ejarque P, Reynolds ES. Synergetic toxicity of gram-negative bacteria and free colloidal hemoglobin. *Ann Surg* 1963;157:485-93.
- 14 Gould SA, Rosen AL, Sehgal LR, Sehgal HL, Moss GS. Polymerised pyridoxalated hemoglobin: efficacy as an O₂ carrier? *J Trauma* 1986;26:903-8.
- 15 Moss GS, Gould SA, Rosen AL. Results of the first clinical trial with a polymerised hemoglobin solution (abstract). *Biomater Artif Cells Artif Organs* 1989;17:633.
- 16 Winslow RM, interviewed by R Poole. Slow going for blood substitutes. *Science* 1990;250:369-71.
- 17 Fratanoti JC. Points to consider in the safety evaluation of hemoglobin-based oxygen carriers. CBER report. *Transfusion* 1991;250:1655-6.
- 18 Rabinovici R, Rudolf AS, Ligler FS, Yue TL, Feuerstein G. Liposome-encapsulated hemoglobin: an oxygen carrying fluid. *Circ Shock* 1990;32:1-17.
- 19 Rudolf AS, Cliff RD. Dry storage of liposome encapsulated hemoglobin: a blood substitute. *Cryobiology* 1990;27:585-90.
- 20 Wagenbach M, O'Rourke K, Vitez L, Wiczorek A, Hoffman S, Durfee S, et al. Synthesis of wild type and mutant human hemoglobins in *Saccharomyces cerevisiae*. *Biotechnology* 1991;9:57-61.
- 21 Behringer RR, Ryan TM, Reilly MA, Askura T, Palmiter RD, Brinster RL, et al. Synthesis of functional hemoglobin in transgenic mice. *Science* 1989;245:971-3.
- 22 Blood and biotechnology. *International Blood/Plasma News* 1991;8:146-7.

The health strategy and the hole at the centre

Central government needs a mechanism for collaboration

Successive governments have failed to articulate a policy for health as distinct from health services. The NHS has become a catch all for all aspects of health and health care and as a result is expected to deliver the undeliverable. If the government's health strategy¹ is to remain durable beyond the life of the present secretary of state for health there needs to be both a mechanism for considering health in general and a culture that supports such a development and will enable it to become embedded in the organisational life of Whitehall. How the health strategy is implemented is therefore a central issue that will determine its ultimate fate.

In its strategy the government acknowledges the need for central government departments to work together for the greater good of the public's health and for suitable joint working between central government and other agencies, notably local authorities. The logic is impeccable, but the proposed mechanisms for securing these ends do not inspire confidence. The Department of Health has not been notably successful in promoting policies for health, as distinct from health services. Remember Barbara Castle's "red book" on prevention and health, that appeared in 1976?²

Coordination of policy covering the frontiers of different departments and agencies is a major challenge to our governmental system. Cabinet government is meant to evolve a corporate strategy, but central government does not naturally operate corporately. The Whitehall "village" makes a great pretence of taking collaboration seriously,^{3,4} and in one sense it succeeds. Whitehall is riddled with interdepartmental committees, but these are designed less to promote cross departmental working than to provide a mechanism for defending departmental interests and to prevent them from being diluted or lost sight of. They are a negative force to preserve the status quo rather than an instrument for policy change. On top of this is an almost pathological distaste for long term problem solving and a preoccupation with issues of immediate concern to ministers and their survival.

The most developed example of an ill fated attempt to establish effective cross departmental working was the JASP initiative (Joint Approach to Social Policy), which enjoyed a short life in the mid 1970s.⁵⁻⁷ This strategic forum was a serious attempt to break the Whitehall mould, but it withered

for want of ministerial support as ministers lost interest in a forum from which their individual departments derived little direct benefit.⁸

An initiative similar to JASP might usefully broaden the debate about health, and, conceivably, the health strategy steering group could provide the basis for such a venture. But whether it should reside in the Department of Health is arguable. Should the Department of Health be even trying to give a lead?⁹ The department's primary responsibility is for the NHS, and as long as its attention is devoted to problems arising within the service there is little chance of it attending to health in its broader sense.¹⁰ The urgent will forever drive out the important. Also, large tracts of public policy affecting health fall not within the Department of Health's grasp but within that of the Department of the Environment—which might be a more appropriate department to assume the health mantle.

The precise mechanism of filling the hole at the centre matters less at this stage than the recognition that the hole needs to be filled effectively if a strategy for health is to survive. The New Zealand government has acknowledged the realities of organisational life and has separated the funding and management of public health services from personal health services.¹¹ We need to consider whether a similar arrangement is not also necessary in the United Kingdom. Mere exhortations to collaborate are not enough to secure action.

DAVID J HUNTER

Professor of Health Policy and Management Director,
Nuffield Institute for Health Services Studies,
University of Leeds,
Leeds LS2 9PL

- 1 Secretary of State for Health. *The health of the nation*. London: HMSO, 1991. (Cmd 1523.)
- 2 Department of Health and Social Security. *Prevention and health: everybody's business*. London: HMSO, 1976.
- 3 Heelo H, Wildavsky A. *The private government of public money*. London: Macmillan, 1974.
- 4 Hennessy P. *Whitehall*. London: Secker and Warburg, 1989.
- 5 Central Policy Review Staff. *A joint framework for social policies*. London: HMSO, 1975.
- 6 Challis L, Henwood M, Klein R, Plowden W, Webb A, Whittingham P, et al. *Joint approaches to social policy*. Cambridge: Cambridge University Press, 1988.
- 7 Blackstone T, Plowden W. *Inside the think tank*. London: Heinemann, 1988.
- 8 Kaufman G. *How to be a minister*. London: Sidgwick and Jackson, 1980.
- 9 Harrison S, Hunter DJ, Johnston I, Nicholson N, Thunhurst C, Wistow G. *Health before health care*. London: Institution for Public Policy Research, 1991. (Social Policy Paper No 4.)
- 10 Smith A. A national health service and the public health. *Public Health* 1988;102:227-36.
- 11 Ministry of Health. *Your health and the public health*. Wellington: Ministry of Health, 1991.